Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
REPUBLICAN NATIONAL COMMITTEE	C C00003418					
Check if 24-hour report 48-hour report New report Amends report f	iled on 04 22 2015					
Full Name of Payee FACEBOOK	Date of Public Distribution/Dissemination					
	04 / 12 / 2015					
Mailing Address 2130 PRIEST BRIDGE DRIVE	Amount					
NO 11 City State Zip Code	54980.31					
CROFTON MD 21114	Transaction ID : 2015M04SE0001 Date of Disbursement or Obligation					
Purpose of Expenditure MEDIA BUY Category/ Type	04 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support O	rffice Sought: House District:					
HILLARY CLINTON Oppose	President Senate State:					
Calcilidat Ical 10 Date	isbursement For: Primary					
Full Name of Payee MICROSOFT ONLINE INC.	Date of Public Distribution/Dissemination					
	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 847543	Amount					
City State Zip Code	1278.39					
DALLAS TX 75284	Transaction ID : 2015M04SE0002 Date of Disbursement or Obligation					
Purpose of Expenditure MEDIA BUY Category/ Type	04 / 12 / Y Y Y Y					
	Office Sought: House District:					
HILLARY CLINTON Oppose	President Senate State:					
	oisbursement For: Primary General 016 Other (specify) ▶					
· ·						
(a) SUBTOTAL of Itemized Independent Expenditures	56258.70					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
ANTHONY PARKER [Electronically Filed] Date	05 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
REPUBLICAN NATIONAL COMMITTEE	
	C C00003418
Check if 24-hour report X 48-hour report New report Amends report filed	on 04 22 / 2015
Full Name of Payee	Date of Public Distribution/Dissemination
GOOGLE ÍNC	M M / D D / Y Y Y Y
Mailing Address PO BOX 39000	04 12 2015 Amount
City State Zip Code	8777.21
SAN FRANCISCO CA 94139	Transaction ID: 2015M04SE0003 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA BUY Category/ Type	04 / 12 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
PANDORA	04 12 2015
Mailing Address 2101 WEBSTER STREET	04 12 2013
16TH FLOOR	Amount
City State Zip Code	19998.00
OAKLAND CA 94612	Transaction ID : 2015M04SE0004 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
MEDIA BUY Type	04 12 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
2016	ursement For: Primary X General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	28775.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
ANTHONY PARKER	M / D D / Y P Y P Y
[Electronically Filed] Date Signature	5 12 2015

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼
REPUBLICAN NATIONAL COMMITTEE	C C00003418
	04 22 2015
Full Name of Payee Date of	of Public Distribution/Dissemination
	04 12 / 2015
Mailing Address 603 KING STREET Amour	nt
FOURTH FLOOR	
City State Zip Code ALEXANDRIA VA 22314 Transa	17000.00 action ID : 2015M04SE0005
Date o	of Disbursement or Obligation
	04 12 / 2015
Name of Federal Candidate Support Office Sought	t: House District:
HILLARY CLINTON Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Ot	t For: Primary ⊠ General
	of Public Distribution/Dissemination
	04 / 12 / 2015
Mailing Address PO BOX 12027 Amour	nt
City State Zip Code	793.68
Date of	ction ID: 2015M04SE0006 of Disbursement or Obligation
	04 12 / Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District:
HILLARY CLINTON Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016	t For: Primary X General ther (specify) ▶
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	17793.68
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in countries, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
ANTHONY PARKER [Electronically Filed] Date 05	12 / 2015

Schedule	e E)	EXI ENDI	TOTILO		PAGE 4 OF 4 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
REPUE	BLICAN NATIONAL COMMITTE	E			C C00003418
Check if	24-hour report X 48-hour report	New repo	ort X Amends rep	ort filed on	04 22 / 2015
Full Na	me of Payee GHTROLL INC			Date	e of Public Distribution/Dissemination
Mailing	Address PO BOX 8420			Amo	04 12 2015 ount
City		State	Zip Code		8500.00
	PASADENA CA 91109				nsaction ID : 2015M04SE0008 e of Disbursement or Obligation
	e of Expenditure PRODUCTION		Category/ Type		04 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name o	f Federal Candidate		Support	Office Sou	ght: House District:
HILLAF	RY CLINTON		X Oppose	X Presi	ident Senate State:
	llendar Year-To-Date r Election for Office Sought	, 1	11327.59	Disburseme 2016	ent For:
Full Na	me of Payee			Date	e of Public Distribution/Dissemination
Mailing	Address			Amo	ount
City		State	Zip Code		
Purpos	e of Expenditure		Category/ Type	Date	e of Disbursement or Obligation
Name	of Federal Candidate		Support	Office Sou	ght: House District:
	alendar Year-To-Date or Election for Office Sought			Disbursem	
(a) SUB	TOTAL of Itemized Independent Expenditures			•	8500.00
(b) SUB	TOTAL of Unitemized Independent Expenditur	es		-	
(c) TOTA	AL Independent Expenditures			··· • [111327.59
with, or a	enalty of perjury I certify that the independent at the request or suggestion of, any candidate nmittee) any political party committee or its ac	or authorized			
Signa	ANTHONY PARKER	[Electroni	ically Filed] Dat	e 05	12 2015